## Belmont Recreation Department Private or Semi Private Swim Lessons Registration Form

La	st Name	First Name (s)	Date (s) of Birth	
Address			Primary Phone	
Emergency Phone		Email address		
Current Membership	No.	# of Lessons	Instructor Requested (if any)	
Belmont from liability by I, the undersigned, parent/his/her participation in volume Town of Belmont from an or indirectly, all known ar the parent of said minor, a acquire, either before or a programs. It is understood that in the during this event and I am Department may appoint on nearest hospital and I furtly	: 2 students: : 3 students: iver of Liability in Commission Not participant must accepting these to guardian of	\$200. \$240.  ovember 18, 2014 agree, either by signature terms:	re or electronically upon registration, to waive the Town of minor, or myself as a participant, do hereby consent to my/release, acquit, discharge, and covenant to hold harmless the aims on account of, or in any way growing out of, directly damage which I may now or hereafter have for myself or as amages which myself or said minor has or hereafter may resulting from his/her participation in Belmont Recreation or minor medical or surgical treatment and/or medication or emergency care staff that the Belmont Recreation atment, or to take my child to the emergency room of the staff to provide the treatment deemed necessary by them for tation or treatment of a more serious nature is required for	
parent while at a Reci	eation Depart	ment program or faci	E POLICY for misconduct by a participant or ility. Any person who willfully disregards ip/participation privileges revoked	
			Amount Collected by Rec	